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POWER TO INSPECT/COPY		Docket Number (Optional) FLO5360.03A (1292-01)						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">In re Application of Randy J. Kesten</td> </tr> <tr> <td style="padding: 2px;">Application Number 09/724,691</td> <td style="padding: 2px;">Filed 11/28/2000</td> </tr> <tr> <td style="padding: 2px;">Art Unit 3736</td> <td style="padding: 2px;">Examiner GHAFORIAN, Rcz</td> </tr> </table>			In re Application of Randy J. Kesten		Application Number 09/724,691	Filed 11/28/2000	Art Unit 3736	Examiner GHAFORIAN, Rcz
In re Application of Randy J. Kesten								
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<div style="float: left; width: 40%;"> <p>Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p> </div> <div style="float: right; width: 55%; text-align: center;"> <p>Paper No. <u>17</u> <i>Line #17. JP</i> <i>Power to inspect</i></p> </div> <div style="clear: both;"></div> <p>Please permit the following person(s) to inspect and make copies of the above identified application:</p> <p style="text-align: center; border-bottom: 1px solid black; margin-bottom: 10px;">SIDNEY J. KEARNS</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>								
<p>I am an:</p> <p><input type="checkbox"/> Applicant.</p> <p><input type="checkbox"/> Authorized official of the assignee of record. The assignment was recorded in the United States Patent and Trademark office at Reel _____ Frame _____ or for which a copy thereof is attached.</p> <p><input checked="" type="checkbox"/> Attorney or agent of record. Registration No. <u>40,124</u></p> <p><input type="checkbox"/> Attorney or agent named in the application papers filed under 37 CFR 1.53, 1.494, or 1.495 (37 CFR 1.63 or 1.497 oath or declaration not filed). Registration No. _____</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p><u>James C. Pearce III</u> Signature</p> <p><u>James C Pearce III</u> Typed or printed name</p> </div> <div style="width: 45%; text-align: center;"> <p><u>July 18, 2003</u> Date</p> </div> </div> <div style="margin-top: 10px;"> <p>Title (Officer of company or corporate assignee) <u>Flowmedica, Inc.</u></p> <p>Name of Assignee, if any (e.g., company name) <u>(916) 498-1010 x17</u></p> <p>Telephone Number</p> </div>								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 5px;">FOR PTO USE ONLY</td> </tr> <tr> <td style="padding: 5px;"> Approved by: _____ (initials) </td> </tr> <tr> <td style="padding: 5px;"> Unit: _____ </td> </tr> </table>			FOR PTO USE ONLY	Approved by: _____ (initials)	Unit: _____			
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